

WVJLUMATAC MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Company/Organization Name:		
Name:	Position:	Phone:
Business address:		
City:	State:	ZIP Code:
Membership Type: <input type="checkbox"/> Individual	<input type="checkbox"/> Affiliate	<input type="checkbox"/> Regular
Year:		

COMPANY/ORGANIZATION INFORMATION

Company/Organization Type:		
Manner of business:		
Office Phone:	E-mail:	Fax:
Mobile Phone:	IM name:	Webpage:

OTHER CONTACT INFORMATION

Legal name of organization <i>(if different from above)</i> :		
Assistant name/position:		Phone:
City:	State:	ZIP Code:

MEMBERSHIP TYPES

Individual - \$25.00 annually	Affiliate - \$50.00 annually	Regular - \$100.00 annually
1 individual member attending	1-6 members attending/alternating proxy	1-6 members attending/alternating proxy
Non-voting membership	Non-voting membership	Voting eligibility

ADDITIONAL CONTACTS FOR YOUR ORGANIZATION

Name	Name
Name	Name

WV JLUMATAC Annual Dues Payment

YEAR: _____

Please check one: Individual - \$25.00 Affiliate - \$50.00 Regular - \$100.00

Name: _____

Organization: _____

Address: _____

Email: _____

Phone: _____

Date of payment: _____

Check #: _____

Do you require a receipt? YES

NO

EMAIL receipt

Email receipts will be sent to the email supplied.